



The group organizer must read the following policies, share them with all members of the group, **completely** fill out the above form, and fax back to **888.494.6964**

- All group members must prepay for their skydive. Once you fax this form you will be charged accordingly. The group organizer is ultimately responsible for all payments
- \$50.00 of your prepayment is non-refundable upon cancellation
- Groups and individuals have up to 5 days prior to their scheduled reservation date to cancel a reservation. Upon cancellation, each person will be charged a \$50.00 deposit. Cancellation within 5 days, **no refund** of the prepayment will be issued.
- If you do not show up for your jump you will be charged a \$50.00 no-show fee.
- Everyone **MUST** be at least 18 years of age and weigh less than 240lbs
- Wear comfortable clothes and tennis shoes. Contact lenses and glasses are okay
- Please make sure everyone brings their photo IDs
- Plan to arrive 10 - 15 minutes prior to your scheduled class time
- In the event skydiving does not occur, rainchecks will be issued.(i.e extreme cloud coverage, rain, unsafe wind speeds, aircraft related issues, etc.) There will be **no refunds** for any reason, only rainchecks will be issued for all situations resulting in no skydiving.
- Please make sure that everyone in your party has [directions](#) to Chicagoland Skydiving Center located at 12637 US Highway 30 West, Hinckley, IL 60520
- **Plan on spending at least 6 hours at CSC (weekends are very busy)**

Please make certain everyone in your group understands the above mentioned policies. You are responsible for their understanding and compliance.

Please call 815.286.9200 or visit www.PerfectlyGoodAirplane.com with any questions.

I, the undersigned, have read, understand, and will comply with CSC's policies:

Print Name _____

Signature _____ Date _____



Group Organizer: _____
 Address: _____ City _____ State ____ Zip _____
 Email Address: _____ Telephone _____

Date of Jump: _____ Class Time: _____ am pm

	First and Last Name	Phone Number	CC Number	Exp Date	Code
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